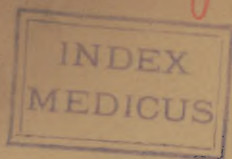


*With the Compliments of the Author.*



A REPORT

OF

# SIX CASES OF VAGINAL HYSTERECTOMY.

BY

E. E. MONTGOMERY, M.D.,

PROFESSOR OF GYNECOLOGY IN THE MEDICO-CHIRURGICAL COLLEGE; OBSTETRICIAN TO THE  
PHILADELPHIA HOSPITAL, AND PRESIDENT OF THE AMERICAN ASSOCIATION  
OF OBSTETRICIANS AND GYNCOLOGISTS.



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TRANSACTIONS OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY,  
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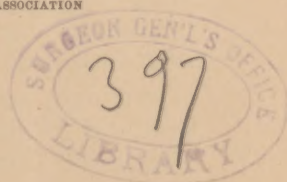
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PHILADELPHIA:

WM. J. DORNAN, PRINTER.

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## A REPORT OF SIX CASES OF VAGINAL HYSTERECTOMY.

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[Read May 28, 1890.]

IF any apology is needed for presenting a series of cases before this Society, I would plead the gravity of the condition for which this operation is done, and the fact that the value of the operation itself is considered by many prominent workers in the profession as still *sub judice*.

It is only by the accumulation of cases that we are enabled to judge of the practicability and expediency of any procedure. The removal of the uterus is an old operation, having been done as early as 1560. It was removed by the vagina by Sauter in 1822, and the operation repeated by Langenbeck, Blundell, Recamier, and others, until West could report twenty-five cases with twenty-two deaths. So frightful a mortality was not conducive to the continuance of its practice.

The modern operation was introduced by Czerny in April, 1879, but he was impressed so unfavorably with the operation that his next two operations were done by Freund's method, and it was only after the operation was successfully performed by others that he returned to the vaginal method.

Although the operation has been accepted with hesitation by many operators, yet statistics can be furnished of several hundred operations, and as many as eighty by individual operators.

The writer can present but six cases, the histories of which are as follows:

CASE I. (Reported in the *Philadelphia Medical Times*, March 15, 1889, p. 409.)—Mrs. McC., æt. forty years, mother of two children, was seen with Dr. Nock. She had suffered from hemorrhages, pain, and an offensive discharge for some months. Competent microscopists had pronounced the disease

malignant. The uterus was freely movable, and the disease confined to the cervix.

October 4, 1888, assisted by Drs. Nock, West, and Rively, and Messrs. Croskey and Maier, the uterus was removed. The patient was placed in the lithotomy position, the vaginal mucous membrane cut through with the knife, and the tissue pushed back before and behind until the peritoneum was reached; the latter opened posteriorly and a large sponge introduced with a string attached by which it could the more readily be removed. In the care to avoid injuring the bladder the dissection was carried into the structure of the uterus, thus lengthening the time required for the operation. The dissection was completed by passing two fingers behind the uterus and over the fundus. After opening and tearing off the anterior peritoneum the organ was anteverted, the broad ligament seized with forceps, and the uterus cut away. The forceps sprung, permitting a portion of the ligaments to slip out. Some bleeding vessels were seized with hæmostatic forceps, so that the patient was placed in bed with eight forceps hanging from the vagina. The only dressing was a tampon of iodoform gauze. No sutures, and no further drainage. Duration of operation, one and one-half hours. The small forceps were removed at the end of thirty hours, the large ones were permitted to remain sixty. The convalescence was very satisfactory, and not attended by an unpleasant symptom; maximum temperature 100°.

August 23, 1889, I made a careful examination of this patient and found the tissues healthy. General condition good.

May, 1890. This woman has recently nursed a couple of patients for me, and expresses herself as perfectly well.

CASE II.—Mrs. D., æt. fifty-one years, mother of several children; ceased to menstruate at forty-six. A year ago she had a bloody discharge, which at times has amounted to hemorrhage. She was pale and weak: the cervix was healthy; the body of the uterus enlarged and hard; the introduction of a small probe was followed by bleeding. Scrapings obtained by curetting the cavity were negative. The age of the patient, the interval since the menopause before the return of the flow, the size and density of the body, with frequent lancinating pains, led to the diagnosis of probable cancer of the uterine body.

February 14, 1889, vaginal hysterectomy. After separation, front and back, the uterus was, with difficulty, anteverted; clamps applied after some effort; the uterus removed; the parts carefully sponged, and the tampon introduced. The clamps were removed at the end of seventy-two hours. Temperature immediately after the operation, 96.2°. Subsequent progress normal. The examination of the uterus did not confirm the diagnosis of malignant disease. Duration of the operation, thirty minutes.

CASE III.—Mrs. S., æt. forty-two years, mother of two children, has had hemorrhage for two years, with considerable pain and an offensive discharge. The uterus was freely movable; no thickening of the broad ligaments, but the cervix was excavated and the vaginal portion destroyed. July 2d the cavity was curetted and packed with iodoform gauze.

July 5, 1889, assisted by Dr. Wathen, of Louisville, Dr. Sangree, and Mr. Maier, extirpation was done. The operation was rendered difficult by the loss of the cervix, by a long, narrow vagina, and the inability to depress the



uterus, which was also hypertrophied. The uterus was situated so high that it was impossible to pass the finger over the fundus to bring down the broad ligament, so the latter was burrowed through below the ovarian artery and the clamp applied on either side, the portion of the ligament compressed cut through, which permitted the uterus to be depressed until forceps could be applied above the ovaries, and those organs removed with the uterus. Duration of operation, thirty-five minutes. Temperature 95°; became normal in a few hours. Clamps were removed in twenty-eight hours. Subsequent progress excellent for one week. Played with a pet dog on the seventh day; following day complained of stiffness of the jaws, which developed into severe tetanus, and death occurred on the fourteenth day.

CASE IV.—Mrs. L., æt. forty-eight years, seen in consultation with Dr. M. J. Cummings, October 19, 1889, gave the following history: She had had seven children and four miscarriages. Her labors were easy, excepting the last, in which it was necessary to resort to instruments. This occurred five years ago. Two years since, she had a miscarriage, following which she has been subject to hemorrhages. Her menstrual flow increased in duration from three to six days, and was very profuse. The flow has failed to appear three times during the last two years. For four weeks previous to my first visit she had been suffering from continuous bleeding. As a result she was confined to bed, was very weak and bloodless, and had lost considerable in weight. The vagina and vulva showed traces of recent hemorrhage. The cervix was lacerated, the posterior lip enlarged, its mucous membrane everted, abraded, and hypertrophied. It bled slightly during the examination, but not sufficiently to account for the previous bleeding. The body of the uterus was enlarged, elongated, and retroverted. The uterus was freely movable, and there were no indications of extension of the disease from it to either the vagina or the broad ligaments. A section of the diseased posterior lip was removed and subjected to microscopical examination by Dr. Laplace, who pronounced it epithelioma.

Extirpation of the uterus was advised.

October 31, 1889, this operation was done at the Medico-Chirurgical Hospital, in which I was assisted by Drs. West, Cummings, and Laplace, in the presence of a number of students and physicians. The operation was rendered difficult by the size of the fundus. Duration of the operation, thirty minutes. Upon opening the uterus the lining membrane of the entire body was found involved. The temperature fell after the operation to 96°, but reached normal in a few hours. Upon the sixth day the temperature began to rise, and continued between 101° and 103° for several days. The patient left the hospital at the end of the third week.

May 28, 1890. I have been informed to-day that she is now in excellent health.

CASE V.—Mrs. S., æt. forty-five years, was seen in consultation with Dr. James Sibbald, at Wissahickon. She was the mother of several children, and had enjoyed good health until within a year, when uterine hemorrhage set in, and occurred every few weeks without reference to the menstruation.

Examination disclosed a healthy cervix. The introduction of the sound was followed by a discharge of blood; the body of the uterus was somewhat enlarged, and this, with the pain and irregular hemorrhage, led us to believe

that she was suffering from cancer of the body of the organ. The extirpation of the uterus was advised, and the patient admitted to the Medico-Chirurgical Hospital January 18, 1890, for that purpose. January 20th, operation. The procedure was rendered more difficult by a large fundus, small vagina, and firm ligaments. Duration of operation, thirty-five minutes. Temperature following operation,  $96^{\circ}$ . By the carelessness of the nurse, during the shock, she was burned by contact with a hot bottle. She suffered greater inconvenience and distress from this burn than she did from the operation. Her temperature was  $100.1^{\circ}$  January 1st;  $100.4^{\circ}$  January 23d;  $101.4^{\circ}$  on the 24th;  $103.4^{\circ}$  on the 25th. The following day it fell to  $102^{\circ}$ , and rose again to  $103.4^{\circ}$  on the 27th. It reached normal on the 30th, and continued near the normal line thereafter. This elevation of temperature was due in part to the burn, from which there was a considerable slough, and in part to the sloughing of those portions of the broad ligaments which had been included in the grasp of the clamps. The patient entirely recovered, and has since been in good health.

The specimen disclosed that the hemorrhage had arisen from a small submucous fibroid situated near the fundus uteri. A number of fibroid growths were found in the walls of the organ, so that the operation, while a rather severe one, may be said to be an effectual method of cure.

CASE VI.—Mrs. H., sent to my service at the Philadelphia Hospital by Dr. Kobler, gave the following history: She was forty-one years of age, mother of several children, and had suffered for a number of months from uterine hemorrhage, attended with the discharge of small masses of tissue and with considerable pain. The cervix presented a granular friable surface, which bled upon the slightest pressure. The condition was diagnosed as epithelioma. The uterus was freely movable; no involvement of the vagina or the broad ligaments.

Operation March 20, 1890. Duration of operation, fifteen minutes. Clamps were removed in twenty-four hours. Temperature following the operation,  $96.3^{\circ}$ ; on the second day,  $101^{\circ}$ . From this time it continued between normal and  $100.2^{\circ}$  until the fifteenth day, when it reached  $103.2^{\circ}$ . It remained high for the next week, when it again subsided. The patient has since fully recovered.

Six cases are too few, and the time which has elapsed since they were operated upon too short, to base a judgment upon the value of the operation as a curative procedure. A careful study of the progress of the disease, however, would, I think, lead us to feel more hopeful for the future of any patient suffering from uterine cancer in whom the whole uterus has been removed.

The number of cases with the results are sufficient to demonstrate that the operation is not the exceedingly dangerous one it has been regarded.



Of this series of cases four (I., III., IV., and VI.) were undoubted cases of malignant disease; one (II.) doubtful, and one (V.) multiple myoma. Case I., having survived the operation nearly twenty months without any indication of retrogression, has nearly reached the limit (two years) at which she may be claimed as cured.

Operators differ greatly as to the *modus operandi*. In this series a hemorrhage from the great vessels in the lateral ligaments was avoided by compression with forceps or clamps. Case I. had a number of forceps applied; Case III. a pair of forceps and clamps on either broad ligament; Case VI. had an extra pair of forceps in addition to the clamps.

This method of *compression* seems preferable to the ligature, both in the security against hemorrhage and the rapidity with which the operation can be performed. In Case VI., in whom the uterus was readily depressed and the vagina patulous, the entire operation was completed in fifteen minutes.

In the first two operations the fundus uteri was drawn down and everted anteriorly before the clamps were applied, while in the remainder the clamps were applied alongside the organ in its normal position. By the latter method there is less danger of infecting the peritoneal cavity.

In conclusion, we believe that the experience of the present day justifies us—

1st. In urging the performance of vaginal hysterectomy in all cases in which any portion of the uterus is the seat of malignant disease, providing only that it cannot be demonstrated that the disease has already passed beyond the confines of this organ.

2d. In advising the use of compression forceps or clamps as the preferable method of controlling hemorrhage.

3d. In claiming that the operation can be done in suitable cases as safely as the operation of ovariectomy, and is to be as urgently recommended.

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## DISCUSSION.

DR. D. LONGAKER: While I did not hear the paper, I should like to enter a plea for an old operation—that is, with the chloride of zinc, in cases where the disease has advanced so far as to render the operation of vaginal hysterectomy out of the question. In one case in which I operated some years ago the result was all that could be desired. The operation to which I allude was first proposed by J. Marion Sims, and the same operation was described

later by Dr. Van de Warker. The diseased tissue is first excised as extensively as possible, and the cavity packed with Monsel's solution. After this separates, which occurs in the course of twenty-four hours, the cavity is packed with cotton saturated with chloride of zinc, 25 to 50 per cent. It is found that in this way the infiltrated tissue very thoroughly sloughs out. The use of chloride of zinc is attended with no danger. One case which I treated in this way some four or five years ago has not had a recurrence. The form of disease in this case was so-called cauliflower excrescence.

DR. MONTGOMERY: My own experience has been entirely with the clamp shown this evening. This clamp has been objected to on account of its weight, but when we consider that the clamp remains only twenty-four hours, the matter of weight is of but little moment. The weight tends to draw the broad ligament further down, so that when the slough, which necessarily occurs, separates, it is outside of the peritoneal cavity, and not so likely to produce dangerous septic symptoms. The patient upon whom I used a number of small forceps did quite as well as any patient that I have had since. It seems to me that the only question is to make sure that the hemorrhage is controlled. Whether this be done by a number of small forceps or a large clamp is probably immaterial.





